EDWARD SNYDER MEM NURSING HOME

1104 21ST ST

REEDSBURG 53959 Phone: (608) 524-648	7	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation	: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	50	Average Daily Census:	49
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Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	28.0
Supp. Home Care-Personal Care	No					1 - 4 Years	54.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	18.0
Day Services	No	Mental Illness (Org./Psy)	40.0	65 - 74	4.0		
Respite Care	No	Mental Illness (Other)	8.0	75 - 84	26.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	2.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	16.0	65 & Over	100.0		
Transportation	No	Cerebrovascular	12.0			RNs	18.1
Referral Service	No	Diabetes	2.0	Gender	왕	LPNs	3.4
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	20.0	Male	16.0	Aides, & Orderlies	39.0
Mentally Ill	No			Female	84.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No			ĺ	100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other]	Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	ુ જ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	30	85.7	133	0	0.0	0	6	40.0	172	0	0.0	0	0	0.0	0	36	72.0
Intermediate				5	14.3	109	0	0.0	0	9	60.0	162	0	0.0	0	0	0.0	0	14	28.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		35	100.0		0	0.0		15	100.0		0	0.0		0	0.0		50	100.0

Facility ID: 3080 County: Sauk Page 2 EDWARD SNYDER MEM NURSING HOME

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent -	Residents
Private Home/With Home Health	0.0	Bathing	0.0		62.0	38.0	50
Other Nursing Homes	12.1	Dressing	14.0		66.0	20.0	50
Acute Care Hospitals	75.8	Transferring	28.0		50.0	22.0	50
Psych. HospMR/DD Facilities	3.0	Toilet Use	22.0		56.0	22.0	50
Rehabilitation Hospitals	0.0	Eating	62.0		36.0	2.0	50
Other Locations	3.0	******	******	*****	******	*******	*****
Total Number of Admissions	33	Continence		용	Special Treatmen	its	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.0	Receiving Resp	iratory Care	2.0
Private Home/No Home Health	34.4	Occ/Freq. Incontiner	nt of Bladder	42.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	28.0	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	_			Receiving Osto	omy Care	2.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.0	Receiving Mech	anically Altered Diets	26.0
Rehabilitation Hospitals	0.0					_	
Other Locations	6.3	Skin Care			Other Resident C	haracteristics	
Deaths	59.4	With Pressure Sores		0.0	Have Advance D	irectives	88.0
Total Number of Discharges		With Rashes		4.0	Medications		
(Including Deaths)	32	İ			Receiving Psyc	hoactive Drugs	76.0

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities *******************

	This	Other	Hospital-	Į.	11
	Facility	Based Facilities		Faci	lties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	91.7	1.07	88.8	1.10
Current Residents from In-County	90.0	85.3	1.06	77.4	1.16
Admissions from In-County, Still Residing	39.4	14.1	2.80	19.4	2.03
Admissions/Average Daily Census	67.3	213.7	0.32	146.5	0.46
Discharges/Average Daily Census	65.3	214.9	0.30	148.0	0.44
Discharges To Private Residence/Average Daily Census	22.4	119.8	0.19	66.9	0.34
Residents Receiving Skilled Care	72.0	96.2	0.75	89.9	0.80
Residents Aged 65 and Older	100.0	90.7	1.10	87.9	1.14
Title 19 (Medicaid) Funded Residents	70.0	66.8	1.05	66.1	1.06
Private Pay Funded Residents	30.0	22.6	1.33	20.6	1.46
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	48.0	32.7	1.47	33.6	1.43
General Medical Service Residents	20.0	22.0	0.91	21.1	0.95
Impaired ADL (Mean)*	48.4	49.1	0.99	49.4	0.98
Psychological Problems	76.0	53.5	1.42	57.7	1.32
Nursing Care Required (Mean)*	4.3	7.4	0.57	7.4	0.57